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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Louis First name | Minnie First name B |
| | , | Middle name | Middle name |
| | Bring your picture identification to your | Vargas | Vargas |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4082 | xxx-xx-8508 |
| | | | |

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Debtor 1 Louis Vargas
Debtor 2 Minnie B Vargas

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|--|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | 1717 Clement Street | If Debtor 2 lives at a different address: | | | |
| | | Crest Hill, IL 60403 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Will | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| | otor 1 otor 2 | Louis Vargas Minnie B Vargas | | | Document | — | | number (if known) | | |
|-----|--|--|---|--|--|--|--|--|--|--|
| Par | t 2: | Tell the Court About \ | our Bank | ruptcy Ca | se | | | | | |
| 7. | Ban | chapter of the cruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choo | sing to file under | ☐ Chapter 7 | | | | | | | |
| | | | ☐ Chapter 11 | | | | | | | |
| | | | ☐ Chapt | ter 12 | | | | | | |
| | | | ■ Chapt | ter 13 | | | | | | |
| 8. | How | you will pay the fee | abo | out how yo | entire fee when I file my p u may pay. Typically, if you a attorney is submitting your p address. | are paying | the fee yourself | , you may pay with cash | n, cashier's check, or money | |
| | | | | | the fee in installments. If ye in Installments (Official For | | e this option, sig | n and attach the Applica | ation for Individuals to Pay | |
| | | | ☐ I re | equest that is not requalies to you | t my fee be waived (You ma | ay request may do so able to pay | oonly if your inco the fee in insta | ome is less than 150% of the liments). If you choose | of the official poverty line that this option, you must fill out | |
| 9. | Have you filed for bankruptcy within the last 8 years? | | | | | | | | | |
| | | | | District | Northern District of Illinois Eastern Division CH 13 | When | 4/07/14 | Case number | 14-12779 | |
| | | | | District | Northern District of Illinois CH 13 | When | 6/03/13 | Case number | 13-23085 | |
| | | | | District | Northern District Eastern Division of | NA/I | 4/02/09 | O | 08-07901 | |
| | | | | District | Illinois CH 13 | When | 4/02/08 | Case number | 08-07901 | |
| 10. | | any bankruptcy | ■ No | | | | | | | |
| | filed not f you, | s pending or being by a spouse who is iling this case with or by a business ner, or by an ate? | ☐ Yes. | | | | | | | |
| | | | | Debtor | | | | Relationship to y | /ou | |
| | | | | District | | When | | | | |
| | | | | Debtor | | | | Relationship to y | | |
| | | | | District | | When | | Case number, if | known | |
| 11. | | ou rent your | ■ No. | Go to li | ne 12. | | | | | |
| | resid | dence? | ☐ Yes. | Has yo | ur landlord obtained an evict | tion judgm | ent against you a | and do you want to stay | in your residence? | |
| | | | | | No. Go to line 12. | | | | | |
| | | | | | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition. | nt About ar | n Eviction Judgm | nent Against You (Form | 101A) and file it with this | |

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| | otor 1 Louis Vargas otor 2 Minnie B Vargas | | Docum | Case number (if known) | | | | |
|-----|---|--------------------|--|---|--|--|--|--|
| | | | | | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Proprie | etor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Yes. Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | · | Number, Street, City, State & ZIP Code | | | | |
| | it to this petition. | | Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | _ | | | | | |
| | | | _ | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Commodity Brok ☐ None of the above | er (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | the are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of attions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedur U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapter | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. | What is the hazard? | | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | |
| | | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |

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Debtor 1 Louis Vargas
Debtor 2 Minnie B Vargas

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-06440 Doc 1 Filed 02/26/16 Entered 02/26/16 10:56:07 Desc Main Document Page 6 of 59

| | tor 2 Minnie B Vargas | | | Case r | number (if known) | | | |
|---------------------------|--|---|---|--|--|--|--|--|
| Pari | 6: Answer These Questi | ions for Rep | orting Purposes | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consurt | | are defined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | □ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16c. S | State the type of debts you owe th | at are not consumer debts or b | business debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | am not filing under Chapter 7. Go | o to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | administrative expenses are paid that funds will | | □No | | | | | |
| | be available for distribution to unsecured creditors? | |] Yes | | | | | |
| 18. How many Creditors do | | 1 4 40 | | ☐ 1,000-5,000 | ☐ 25,001-50,000 | | | |
| | you estimate that you | ■ 1-49 □ 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 | | | |
| | owe? | □ 100-199 □ 200-999 | | 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$50 | ,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | \$50,001 | | □ \$10,000,001 - \$50 million | | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | | | |
| 20. | How much do you | □ \$0 - \$50 | ,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | I - \$100,000 | □ \$10,000,001 - \$50 million | | | | |
| | | | 1 - \$500,000 1 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | | | |
| Pari | :7: Sign Below | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request re | lief in accordance with the chapte | er of title 11, United States Code | de, specified in this petition. | | | |
| | | | | | noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 | | | |
| | | /s/ Louis \ | | /s/ Minnie I | | | | |
| | | Louis Var Signature o | | Minnie B V Signature of | | | | |
| | | Executed or | n February 26, 2016 MM / DD / YYYY | Executed on | February 26, 2016 MM / DD / YYYY | | | |
| | | | | | | | | |

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| Dobtor 1 | Louis Vargas | Document | Page 7 of 59 | | |
|-----------------------|---|--|------------------------|---------------------------|-----------------------------|
| Debtor 1 Debtor 2 | Louis Vargas Minnie B Vargas | | | Case number (if known) | |
| | | | | | |
| For your a represente | ttorney, if you are ed by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second | ed States Code, and ha | ve explained the relief a | vailable under each chapter |
| • | not represented by y, you do not need page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | | ` , | . , , , , |
| | - | /s/ Patrick A. Meszaros | Date | February 26, 2 | 016 |

Email address

PatrickMeszaros@Yahoo.com

Patrick A. Meszaros

Joliet, IL 60435

1100 W. Jefferson Street

Number, Street, City, State & ZIP Code

Contact phone 815-722-4001

Law Office of Patrick A. Meszaros

Printed name

6239538Bar number & State

| | | 17(7(.1111)) | 1 (100. 1) (1) | |
|---|-------------------------|-------------------|----------------|---------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Louis Vargas | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Minnie B Vargas | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if th |
| | | | | amended f |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | issets of what you own |
|----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 70,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 11,800.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 81,800.00 |
| Ра | rt 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 107,934.92 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 18,152.5 |
| | Your total liabilities | \$ | 126,087.47 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,852.84 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,197.84 |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Louis Vargas
Debtor 2 Minnie B Vargas

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,550.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|---------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | 0430 10 00440 | DOO I | Docume | nt Page 10 of 59 | 10 10.00.01 | D 000 | Mani | |
|--------------------------------|-------------------------------------|----------------------|-------------------|--|-------------------------------------|--------------|---|--|
| Fill in this ir | nformation to identify y | our case and th | | 1 ///////////////////////////////////// | | | | |
| Debtor 1 | Louis Vargas | | | | | | | |
| | First Name | | Name | Last Name | | | | |
| Debtor 2 | Minnie B Varg | | Name | Last Name | | | | |
| (Spouse, if filing) | , | | | | | | | |
| United State | s Bankruptcy Court for the | he: NORTHER | N DISTRICT C | OF ILLINOIS | | | | |
| Case numbe | er | | | | | | Check if this is an | |
| | | | | | | | amended filing | |
| | | | | | | | | |
| Official | Form 106A/B | | | | | | | |
| Sched | ule A/B: Pro | opertv | | | | | 12/15 | |
| | | | an asset only on | nce. If an asset fits in more than on | e category, list the as | set in the | category where you | |
| | | | | I people are filing together, both are | | | | |
| ntormation. It Answer every | | tach a separate si | neet to this form | a. On the top of any additional pages | s, write your name ar | a case nu | imber (if Known). | |
| Dord de Door | Faak Baaldanaa Bul | ldin | han Daal Estata | V 0 II I I | | | | |
| Part 1: Desc | cribe Each Residence, Bui | iding, Land, or Ot | ner Real Estate | You Own or Have an Interest In | | | | |
| . Do you owr | n or have any legal or equ | itable interest in a | ny residence, b | uilding, land, or similar property? | | | | |
| ☐ No. Go to | o Part 2 | | | | | | | |
| _ | | | | | | | | |
| ■ Yes. Wh | nere is the property? | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1.1 1717 (| Clement Street | | • | property? Check all that apply | | | | |
| | dress, if available, or other descr | iption | | -family home | | | s or exemptions. Put aims on <i>Schedule D:</i> | |
| | | | ш . | x or multi-unit building | | | ecured by Property. | |
| | | | □ Condo | ominium or cooperative | | | | |
| | | | ■ Manuf | actured or mobile home | Current value of t | h- C | rimant value of the | |
| Joliet | IL | 60435-0000 | ☐ Land | | entire property? | | Surrent value of the ortion you own? | |
| City | State | ZIP Code | ☐ Investi | ment property | \$70,000 | .00 | \$70,000.00 | |
| | | | ☐ Times | hare | Describe the natu | re of your | ownership interest | |
| | | | Other | | • | | y by the entireties, or | |
| | | | | interest in the property? Check one r 1 only | a life estate), if kn Fee Simple | OWII. | | |
| Will | | | _ | r 2 only | | | | |
| County | | | 200.0. | r 1 and Debtor 2 only | | | | |
| , | | | | st one of the debtors and another | ☐ Check if this (see instructions | | nity property | |
| | | | Other inform | ation you wish to add about this ite | m, such as local | | | |
| | | | property ider | ntification number: | | | | |
| | | | Value of | Home \$70,000 | | | | |
| | | | | | | | | |
| | | | | | ı | | | |
| | | | | ntries from Part 1, including any | | | \$70,000.00 | |
| pages y | ou nave attached for P | art 1. write that | number nere | | => | | Ţ. J,JJJ.J | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| . . | 4 | Lauia Varrer | Document Page 11 of 59 | | |
|---------------|-------------------------------|--|---|----------------------------|--|
| Debt Debt | | Louis Vargas Minnie B Vargas | - | Case number (if known) | |
| 3. C a | ırs, va | ns, trucks, tractors, sport utility | y vehicles, motorcycles | | |
| п | No | | | | |
| | Yes | | | | |
| | 103 | | | | |
| 3.1 | Make | e: GMC | Who has an interest in the property? Check one | | red claims or exemptions. Put secured claims on Schedule D: |
| | Mode | el: Sierra | ☐ Debtor 1 only | | re Claims Secured by Property. |
| | Year: | 2005 | ☐ Debtor 2 only | Current value of the | he Current value of the |
| | Appro | oximate mileage: 7500 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other | r information: | At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$7,500 | .00 \$7,500.00 |
| | | | own for all of your entries from Part 2, including rite that number here | | \$7,500.00 |
| Do y | ou ow | old goods and furnishings | e interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | <i>xample</i> No | es: Major appliances, furniture, lin | nens, china, kitchenware | | |
| _ | | Describe | | | |
| | 165. | Describe | | | |
| | | Furniture | | | \$3,500.0 |
| E: | No | | video, stereo, and digital equipment; computers, prir as, media players, games | nters, scanners; music co | ollections; electronic devices |
| E: | xample No | oles of value es: Antiques and figurines; paintin other collections, memorabilia Describe | ngs, prints, or other artwork; books, pictures, or other a, collectibles | art objects; stamp, coin, | or baseball card collections; |
| 9. E q | juipme xample No | ent for sports and hobbies es: Sports, photographic, exercise musical instruments | e, and other hobby equipment; bicycles, pool tables, ç | golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| Ц | Yes. | Describe | | | |
| | | ns <i>lles:</i> Pistols, rifles, shotguns, amm | nunition, and related equipment | | |
| | No Yes. | Describe | | | |

| 5 | Lauda Manna | Document | Page 12 of 59 | | |
|---|---|--|--------------------------------|-------------------------|---|
| Debtor 1 Debtor 2 | Louis Vargas Minnie B Vargas | | Case | e number (if known) | |
| □ No | nples: Everyday clothes, fu | rs, leather coats, designer wear, sh | oes, accessories | | |
| ■ Yes | Describe | | | | |
| | Cloth | ng | | | \$775.00 |
| ■ No | | stume jewelry, engagement rings, v | wedding rings, heirloom jewelr | y, watches, gems, g | old, silver |
| 13. Non-f <i>Exan</i> ■ No | arm animals nples: Dogs, cats, birds, ho . Describe | rses | | | |
| ■ No | • | hold items you did not already lis | st, including any health aids | you did not list | |
| ⊔ Yes | . Give specific information | | | | |
| | | your entries from Part 3, includin | | have attached | \$4,275.00 |
| Part 4: D | escribe Your Financial Asse | rs. | | | |
| | | quitable interest in any of the fo | llowing? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | our wallet, in your home, in a safe o | | n you file your petitic | on |
| | | | | Cash | \$25.00 |
| | , | r other financial accounts; certificat ve multiple accounts with the same | • | unions, brokerage h | ouses, and other similar |
| ☐ Yes | ······ | Instituti | ion name: | | |
| <i>Exan</i> ■ No | s, mutual funds, or publionples: Bond funds, investm | cly traded stocks ent accounts with brokerage firms, Institution or issuer name: | money market accounts | | |
| 19. Non- joint | | interests in incorporated and un | nincorporated businesses, in | cluding an interes | in an LLC, partnership, and |
| ■ No □ Yes | . Give specific information | about them | | | |
| <u> </u> | | me of entity: | % (| of ownership: | |
| Nego | tiable instruments include | nds and other negotiable and no personal checks, cashiers' checks, those you cannot transfer to some | promissory notes, and money | | |
| | . Give specific information | about them | | | |
| | | uer name: | | | |

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| De | ebtor 2 | Minnie B \ | /argas | | Case numbe | ⊧r (if known) | |
|-----|-------------------------|-----------------------------------|--|--------------------------|---|-----------------------|--|
| | | | | | | | |
| 21. | | nent or pensi les: Interests | | 403(b), thrift savings | accounts, or other pension or pro | ofit-sharing plans | |
| | ☐ Yes. I | List each acco | ount separately. Type of account: | Institution na | me: | | |
| 20 | 0! | | ,, | monatorina | mo. | | |
| 22. | Your sh | nare of all unu | | | nue service or use from a compar ric, gas, water), telecommunication | | ners |
| | | | | Institution na | me or individual: | | |
| 23. | _ | es (A contrac | t for a periodic payment of mo | ney to you, either for I | ife or for a number of years) | | |
| | ■ No □ Yes | | Issuer name and description. | | | | |
| 24. | 26 U.S.C | | ation IRA, in an account in a), 529A(b), and 529(b)(1). | qualified ABLE prog | gram, or under a qualified state | tuition program. | |
| | ■ No □ Yes | | Institution name and descripti | on. Separately file the | e records of any interests.11 U.S.0 | C. § 521(c): | |
| 25. | Trusts, ■ No | equitable or | future interests in property (| other than anything | listed in line 1), and rights or p | oowers exercisable | for your benefit |
| | ☐ Yes. | Give specific | information about them | | | | |
| | Examp | | trademarks, trade secrets, a omain names, websites, proce | | | | |
| | ■ No □ Yes. | Give specific | information about them | | | | |
| 27. | | | s, and other general intangib permits, exclusive licenses, coo | | holdings, liquor licenses, professi | ional licenses | |
| | ☐ Yes. | Give specific | information about them | | | | |
| M | oney or p | oroperty owe | d to you? | | | port Do r | rent value of the tion you own? not deduct secured ms or exemptions. |
| 28. | Tax ref | unds owed to | o you | | | | |
| | ■ No □ Yes. 0 | Give specific i | nformation about them, includi | ing whether you alrea | dy filed the returns and the tax ye | ears | |
| 29. | Family Examp ■ No | | or lump sum alimony, spousal | support, child suppor | t, maintenance, divorce settlemer | nt, property settleme | nt |
| | ☐ Yes. 0 | Give specific i | nformation | | | | |
| 30. | Examp _ | <i>les:</i> Unpaid w | eone owes you ages, disability insurance payr unpaid loans you made to son | | fits, sick pay, vacation pay, worke | ers' compensation, S | ocial Security |
| | ■ No □ Yes. | Give specific | information | | | | |
| | | ts in insurand les: Health, di | | th savings account (H | SA); credit, homeowner's, or rent | er's insurance | |
| | _ | Name the insu | urance company of each policy Company name: | and list its value. | Beneficiary: | | rrender or refund |
| | | | | | | va | ue: |

Debtor 1

| Dahtand | | Doc 1 | Filed 02/26/16 Document | Entered 02/26/16 10:56:07 Page 14 of 59 | Desc Main |
|---|--|-----------------|-----------------------------|--|-----------------------|
| Debtor 1 Debtor 2 | Louis Vargas Minnie B Vargas | | | Case number (if known) | |
| If you a some of | terest in property that is deare the beneficiary of a living one has died. Give specific information | | | ed surance policy, or are currently entitled to rec | eive property because |
| Examp □ No - | against third parties, who ples: Accidents, employment Describe each claim | nt disputes, in | | it or made a demand for payment s to sue | |
| | | Possik | ole Medical Malpract | ice Injury Case | Unknowr |
| ■ No □ Yes. 35. Any fir ■ No □ Yes. 36. Add t | Describe each claim nancial assets you did not Give specific information the dollar value of all of you | already list | om Part 4, including a | g counterclaims of the debtor and rights to | set off claims |
| Part 5: De | scribe Any Business-Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| | own or have any legal or equi | itable interest | in any business-related p | roperty? | |
| _ | to Part 6. | | | | |
| ☐ Yes. 0 | Go to line 38. | | | | |
| | scribe Any Farm- and Commo | | | n or Have an Interest In. | |
| | a own or have any legal or Go to Part 7. | r equitable ir | nterest in any farm- or o | commercial fishing-related property? | |
| ☐ Yes | . Go to line 47. | | | | |
| Part 7: | Describe All Property You | Own or Have a | an Interest in That You Dic | l Not List Above | |
| Examp ■ No | have other property of an oles: Season tickets, country Give specific information | y club membe | | | |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Debtor 1 Debtor 2 Minnie B Vargas Case number (if known)

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 \$70,000.00

56. Part 2: Total vehicles, line 5 \$7,500.00

57. Part 3: Total personal and household items line 15 \$4,275.00

57.Part 3: Total personal and household items, line 15\$4,275.0058.Part 4: Total financial assets, line 36\$25.0059.Part 5: Total business-related property, line 45\$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00
61. Part 7: Total other property not listed, line 54 + \$0.00

52. **Total personal property.** Add lines 56 through 61... \$11,800.00 Copy personal property total \$11,800.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$81,800.00

| | | I A A d III I I I | |
|---------------------|--------------------------|-------------------|-------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Louis Vargas | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Minnie B Vargas | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number | | | |
| (if known) | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Id | entify the | Property | / You C | Claim as | Exemp | ١t |
|------------|------------|----------|---------|----------|-------|----|
|------------|------------|----------|---------|----------|-------|----|

| 1 | Which set of exempt | ions are vou claiming? | Chack one only | avan if valir enalis | a is filina with var |
|---|---------------------|------------------------|----------------|----------------------|----------------------|
| | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | , , , , , , , , , , , , , , , | | Specific laws that allow exemption |
|---|--------------------------------------|-------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 1717 Clement Street Joliet, IL 60435 Will County | \$70,000.00 | | \$30,000.00 | 735 ILCS 5/12-901 |
| Value of Home \$70,000 Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Furniture Line from Schedule A/B: 6.1 | \$3,500.00 | | \$3,500.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Genedale AVB. G.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$775.00 | | \$775.00 | 735 ILCS 5/12-1001(a) |
| Ellie Holli Genedale Av.B. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$25.00 | • | \$25.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Gonedale A.B. 1911 | | | 100% of fair market value, up to any applicable statutory limit | |
| Possible Medical Malpractice Injury Case | Unknown | | \$15,000.00 | 735 ILCS 5/12-1001(h)(4) |
| Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Debtor 1
Debtor 2
Louis Vargas
Minnie B Vargas
Case number (if known)

3. Are you claiming a homestead exemption of more than \$155,675?
(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)
No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

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Desc Main

Filed 02/26/16

Doc 1

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Yes

| | | Document | Page 18 | of 59 | | |
|---------------------------------|----------------------------------|--|------------------|--|--|--------------------------|
| Fill in this inform | mation to identify you | r case: | | | | |
| Debtor 1 | Louis Vargas First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | Minnie B Vargas | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF ILLI | NOIS | | | |
| Case number (if known) | | | | | _ | if this is an |
| Official Forr | n 106D | | | | ameno | led filing |
| | _ | Who Have Claims S | Secured | d by Propert | y | 12/15 |
| | e Additional Page, fill it o | f two married people are filing togethe out, number the entries, and attach it to | | | | |
| , | have claims secured by | vour property? | | | | |
| | - | nis form to the court with your other s | schedules. Yo | ou have nothing else to | o report on this form. | |
| _ | n all of the information b | · | | 3 | | |
| | II Secured Claims | ociow. | | | | |
| | | nore than one secured claim, list the cred | litor congratoly | Column A | Column B | Column C |
| for each claim. If n | nore than one creditor has | a particular claim, list the other creditors cal order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Citimortg | | Describe the property that secures the | ne claim: | \$25,000.00 | \$70,000.00 | \$25,000.00 |
| PO Box 6 | | 1717 Clement Street Joliet, IL Will County Value of Home \$70,000 As of the date you file, the claim is: C apply. □ Contingent | | | | |
| Number, Stree | t, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | An agreement you made (such as m car loan) | ortgage or sec | cured | | |
| Debtor 1 and D | ebtor 2 only | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| | he debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this c community de | | Other (including a right to offset) | 2nd Mortga | age | | |
| Date debt was inc | Opened 8/09/05 Last Active | Last 4 digits of account numb | er 3419 | | | |
| Date debt was inc | 3/21/01 | Last 4 digits of account number | | _ | | |
| Ocwen Lo | oan Servicing | Describe the property that secures the | ne claim: | \$74,915.11 | \$70,000.00 | \$4,915.11 |
| P.O. Box West Pali | 24781 n Beach, FL | 1717 Clement Street Joliet, IL Will County Value of Home \$70,000 As of the date you file, the claim is: Capply. | _ 60435 | | | |
| 33416-478 | | Contingent | | | | |
| | t, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the de | ept? Check one. | Nature of lien. Check all that apply. | ortagas see = | vurod | | |
| ☐ Debtor 1 only | | | ιοπgage or sec | :urea | | |

Debtor 2 only

■ Debtor 1 and Debtor 2 only lacksquare At least one of the debtors and another

Schedule D: Creditors Who Have Claims Secured by Property

 \square Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

Official Form 106D

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| Debte | or 1 Louis Vargas | | _ | Case number (if know) | | |
|-----------------------------|---|--|---|------------------------------------|--|-----------|
| Dobt | First Name Middle N | ame Last Name | | | | |
| Debte | or 2 Minnie B Vargas First Name Middle N | ame Last Name | _ | | | |
| | r not realite | and Last Hame | | | | |
| | neck if this claim relates to a ommunity debt | Other (including a right to offset) | First Mort | gage | | |
| Date | debt was incurred | Last 4 digits of account num | ber <u>8360</u> | | | |
| 2.3 | Springleaf Financial Services | Describe the property that secures | the claim: | \$8,019.81 | \$7,500.00 | \$519.81 |
| | Creditor's Name | 2005 GMC Sierra 75000 mile | s | | | |
| Who Delta Delta At Cri | 1701 N Larkin Avenue Crest Hill, IL 60403-1883 Number, Street, City, State & Zip Code owes the debt? Check one. betor 1 only betor 2 only least one of the debtors and another neck if this claim relates to a ommunity debt debt was incurred 2006 | As of the date you file, the claim is: apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account num | mortgage or se chanic's lien) Non-Purc i | ecured hase Money Security | | |
| Part Use the trying than of | List Others to Be Notified for this page only if you have others to be notified for this page only if you have others to be to collect from you for a debt you one creditor for any of the debts that in Part 1, do not fill out or submit the Name, Number, Street, City, State & Noonan & Lieberman 105 W. Adams St. Ste. 300 | • | a debt that yo in Part 1, and I creditors he On wh | then list the collection agenc | example, if a collection y here. Similarly, if you nal persons to be notif | have more |
| | Name, Number, Street, City, State & Ocwen Federal Bank FSB P.O. Box 785058 Orlando, FL 32878 | Zip Code | | ich line in Part 1 did you enter t | the creditor? 2.2 | |

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| | | Document | Page 20 |) of 59 | | |
|--|---|--|---|---|--|---------|
| Fill in this | information to identify your | case: | | | | |
| Debtor 1 | Louis Vargas | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Minnie B Vargas | | | | | |
| (Spouse if, filin | g) First Name | Middle Name | Last Name | | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | | | |
| Case numb (if known) | per | | | | ☐ Check if this is an amended filing | |
| Schedu | | ho Have Unsecured | | Part 2 for graditors with NONE | 12/15 PRIORITY claims. List the other part | hy to |
| any executor Schedule G: Schedule D: left. Attach th name and ca | ry contracts or unexpired leases Executory Contracts and Unexp Creditors Who Have Claims Sec the Continuation Page to this pag use number (if known). | that could result in a claim. Also I ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re | ist executory c Do not include a needed, copy t | ontracts on Schedule A/B: Prany creditors with partially se the Part you need, fill it out, no | operty (Official Form 106A/B) and o | n he |
| | List All of Your PRIORITY Un | | | | | |
| | creditors have priority unsecure | d claims against you? | | | | |
| ■ No. (| Go to Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| 3. Do any | creditors have nonpriority unsec | cured claims against you? | | | | |
| □ No. \ | You have nothing to report in this p | art. Submit this form to the court with | your other sche | dules. | | |
| Yes. | | | | | | |
| unsecur | ed claim, list the creditor separately | aims in the alphabetical order of th / for each claim. For each claim listed st the other creditors in Part 3.If you l | d, identify what ty | ype of claim it is. Do not list clair | ms already included in Part 1. If more | |
| | | | | | Total claim | |
| 4.1 50 | 0 Fast Cash | Last 4 digits of acc | ount number | 7800 | \$845.0 | 00 |
| | npriority Creditor's Name | When wee the debt | t in a compand O | | | |
| _ | 5 G.S.E ami, OK 74354 | When was the debt | : incurred? | | | |
| Nur | mber Street City State Zlp Code | As of the date you | file, the claim i | s: Check all that apply | | |
| | o incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and and | | RITY unsecured | l claim: | | |
| | Check if this claim is for a comr | munity | | | | |
| dek | | | | ration agreement or divorce tha | t you did not | |
| | he claim subject to offset? | report as priority clai | | a plane, and other similar 1.1. | | |
| _ | | · | • | g plans, and other similar debts | | |
| | Yes | Other. Specify | payday loar | <u>1</u> | | |
| | | | | | | |

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| | 1 Louis Vargas 2 Minnie B Vargas | | Case number (if know) | |
|-----|--|--|---|------------|
| 4.2 | A+ Dental P.C. | Last 4 digits of account number | 3397 | \$1,669.10 |
| | Nonpriority Creditor's Name Vincenzo Nicastro, DDS 20500 S. Lagrange Rd. Frankfort, IL 60423 | When was the debt incurred? | 03/07 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify dental bills | | |
| 4.3 | Afni, Inc. | Last 4 digits of account number | 6501 | \$601.00 |
| | Nonpriority Creditor's Name 404 Brock Dr. P.O. Box 3517 | When was the debt incurred? | | |
| | Bloomington, IL 61702-3517 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | for AT&T 8157268084968 | |
| 4.4 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 2195 | \$936.00 |
| | 125 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 3/24/05 Last Active 5/16/06 | |
| , | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

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| | 1 Louis Vargas 2 Minnie B Vargas | | Case number (if know) | | | | | |
|-----|--|--|---|------------|--|--|--|--|
| 4.5 | Best Choice 123.com | Last 4 digits of account number | unknown | Unknown | | | | |
| | Nonpriority Creditor's Name 621 Medicine Way Ste 6 Ukiah, CA 95482 | When was the debt incurred? | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify | _ | | | | | |
| 4.6 | Capital Management Services, LP Nonpriority Creditor's Name | Last 4 digits of account number | 3000 | \$603.42 | | | | |
| | 698 1/2 S Ogden Street Buffalo, NY 14210 | When was the debt incurred? | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | - | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | | | | | | |
| | ■ No | · · | | | | | | |
| | ☐ Yes | Other. Specify Collection | for Galaxy Portfolios | | | | | |
| 4.7 | Capital One Bank | Last 4 digits of account number | multiple accounts | \$1.500.00 | | | | |
| | Nonpriority Creditor's Name | | | , , | | | | |
| | P.O. Box 60024 | When was the debt incurred? | 01/06 | | | | | |
| | City Of Industry, CA 91716-0024 Number Street City State Zlp Code | | in Charle all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | ів: Спеск ан тпат арріу | | | | | |
| | Debtor 1 only | | | | | | | |
| | <u> </u> | ☐ Contingent | | | | | | |
| | Debtor 2 only | _ ` | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | u Gaini. | | | | | |
| | ☐ Check if this claim is for a community debt | aration agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? report as priority claims | | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | 5178-0522- Other. Specify 5120-2560- | 9734-5783 1548-2427 | | | | | |

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Debtor 1 Louis Vargas Debtor 2 Minnie B Vargas Case number (if know) 4.8 \$375.00 Ccs/Bryant State Bank Last 4 digits of account number 8684 Nonpriority Creditor's Name Opened 2/24/11 Last Active 500 E 60th St N 11/01/11 When was the debt incurred? Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.9 **Ccs/Cortrust Bank** Last 4 digits of account number 9695 \$415.00 Nonpriority Creditor's Name Opened 4/17/06 Last Active 500 E 60th St N When was the debt incurred? 5/14/06 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.1 8260 \$853.00 Chase Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 12/29/94 Last Active Po Box 523 When was the debt incurred? 3/01/07 Madison, MS 39130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Employment ☐ Yes

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| Minnie B Vargas | | Case number (if know) | | | | |
|--|---|---|------------|--|--|--|
| Complete Credit Soluti | Last 4 digits of account number | 18N1 | \$358.00 | | | |
| Nonpriority Creditor's Name | _ | | | | | |
| 2921 Brown Trl Bedford, TX 76021 | When was the debt incurred? | Opened 12/31/08 Last Active 10/06/11 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| □Yes | ■ Other. Specify Collection | Attorney Plains Commerce Bank | | | | |
| Compucredit Corp/Salut | Last 4 digits of account number | 0950 | \$778.00 | | | |
| Nonpriority Creditor's Name | | | • | | | |
| Po Box 105555 Atlanta, GA 30348 | When was the debt incurred? | Opened 5/26/08 Last Active 10/21/09 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | • , | , | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ☐ Yes | Other. Specify Credit Card | i . | | | | |
| Credit One Bank | Lock A digita of account number | 3303 | \$1,103.63 | | | |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ1,100.00 | | | |
| PO Box 60500 | When was the debt incurred? | 01/06 | | | | |
| City Of Industry, CA 91716-0500 | | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| _ | - | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | Disputed | d alaim. | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | | | | |
| ☐ Check if this claim is for a community debt | | and the second and the second | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| — No □ Yes | | | | | | |
| □ 169 | Other. Specify credit card | | | | | |

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| | 1 Louis Vargas 2 Minnie B Vargas | | Case number (if know) | | | | |
|----------|---|--|---|------------|--|--|--|
| 4.1 4 | Credit One Bank | Last 4 digits of account number | 5674 | \$1,188.65 | | | |
| | Nonpriority Creditor's Name PO Box 60500 City Of Industry, CA 91716-0500 | When was the debt incurred? | 01/06 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | | | | | | |
| | Debtor 2 only | ☐ Contingent | | | | | |
| | _ | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | | | | |
| | | report as priority claims Debts to pension or profit-sharir | or plane, and other circilar debte | | | | |
| | No | · | | | | | |
| | Yes | Other. Specify credit card | | | | | |
| 4.1 5 | Extra Funds Cash Loans | Last 4 digits of account number | unknown | \$500.00 | | | |
| | Nonpriority Creditor's Name PO Box 528 Hays, MT 59527 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Other. Specify payday loa | <u>ın</u> | | | | |
| 4.1 | First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | 0552 | \$366.00 | | | |
| | PO Box 5529 Sioux Falls, SD 57117-5529 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify 543362807 | 8786617 credit card | | | | |

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| | r 1 Louis Vargas r 2 Minnie B Vargas | | Case number (if know) | | | | | |
|----------|---|--|---|----------|--|--|--|--|
| 4.1 7 | Midland Funding | Last 4 digits of account number | 4318 | \$444.00 | | | | |
| | Nonpriority Creditor's Name 8875 Aero Dr Ste 200 San Diego, CA 92123 | When was the debt incurred? | Opened 1/31/13 Last Active 10/01/11 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Factoring (| g plans, and other similar debts Company Account Webbank | | | | | |
| 4.1 | Multiloan Source.com Nonpriority Creditor's Name 2500 Wilcrest | Last 4 digits of account number When was the debt incurred? | 2769 | \$450.00 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | lacksquare At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | | | | | | |
| | ■ No | · · · | | | | | | |
| | ☐ Yes | Other. Specify payday loa | n | | | | | |
| 4.1 9 | Northwest Collectors Nonpriority Creditor's Name | Last 4 digits of account number | 1792 | \$397.00 | | | | |
| | 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008 | When was the debt incurred? | Opened 3/09/07 Last Active 10/01/06 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent ☐ Unliquidated | | | | | | |
| | Debtor 2 only | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | | |
| | ☐ Yes | Other. Specify Collection I | Attorney Amsurg Ambulatory Su | | | | | |

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| | 1 Louis Vargas 2 Minnie B Vargas | | Case number (if know) | | | | | |
|-----|---|---|--|----------|--|--|--|--|
| 4.2 | Orchard Bank | Last 4 digits of account number | 6247 | \$323.32 | | | | |
| | Nonpriority Creditor's Name Household Credit Servies P.O. Box 17051 Baltimore, MD 21297 | When was the debt incurred? | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | | | | | |
| | At least one of the debtors and another | Student loans | . oldiiii. | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ☐ Yes ☐ Other. Specify credit card ☐ Control of the control of th | | | | | | | |
| 4.2 | Plains Commerce Bank | Last 4 digits of account number | 8941 | \$392.00 | | | | |
| | Nonpriority Creditor's Name 5109 S Broadband Ln Sioux Falls, SD 57108 | When was the debt incurred? | Opened 8/17/06 Last Active 4/01/07 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | | |
| | Yes | Other. Specify Credit Card | | | | | | |
| 4.2 | Portfolio Recvry&Affil Nonpriority Creditor's Name | Last 4 digits of account number | 2427 | \$537.00 | | | | |
| | 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 2/15/13 Last Active 2/01/12 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | ■ Other. Specify | | | | | | |

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| Debtor Debtor | Louis Vargas Minnie B Vargas | | Case number (if know) | | |
|------------------|--|---|--|----------|--|
| 4.2 | QVC Shopping Network | Last 4 digits of account number | 9380 | \$997.00 | |
| | Nonpriority Creditor's Name 1200 Wilson Drive | When was the debt incurred? | | | |
| | West Chester, PA 19380 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify credit card | | | |
| 4.2 | Spot On Loans | Last 4 digits of account number | 4575 | \$650.00 | |
| | Nonpriority Creditor's Name PO Box 6243 Logan, UT 84341 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | | | | |
| 4.2 | | | | | |
| 5 | Stoneberry | Last 4 digits of account number | 44C2 | \$448.68 | |
| | Nonpriority Creditor's Name P.O. Box 2820 Monroe, WI 53566-8020 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify credit card | | | |

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Debtor 2 Minnie B Vargas Case number (if know) 4.2 **Swiss Colony** 884A \$229.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 12/01/08 Last Active 1112 7th Ave When was the debt incurred? 3/01/09 Monroe, WI 53566 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes **USA Web** XXXX \$1,192.75 Last 4 digits of account number Nonpriority Creditor's Name PO Box 455 When was the debt incurred? Fort Mill, SC 29715 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify payday loan ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **National Asset Recovery** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2880 Dresden Dr. ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 200 Atlanta, GA 30341 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Northland Group** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7831 Glenroy Rd. #350 Part 2: Creditors with Nonpriority Unsecured Claims Minneapolis, MN 55439 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Northland Group** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 390846 ■ Part 2: Creditors with Nonpriority Unsecured Claims Minneapolis, MN 55439 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Penn Credit** Line 4.23 of (Check one):

Official Form 106 E/F

Debtor 1 Louis Vargas

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| Debtor 1 Debtor 2 Minnie B Vargas | Case number (if know) | | | | |
|--|--|--|--|--|--|
| 916 S 14th Street PO Box 988 Harrisburg, PA 17108-0988 | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | | | | |
| Name and Address Portfolio Recovery PO Box 12914 Norfolk, VA 23541 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | | | | |
| Name and Address United Recovery Systems 5800 North Course Drive Houston, TX 77072 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|-----------------|-----|---|---------|---------|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | Т \$ | otal Claim |
| Total claims | 0 | | | Ψ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 18,152.55 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 18,152.55 |

| | | | II FAUE 31 UL 33 | |
|---|-------------------------|-------------------|------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Louis Vargas | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Minnie B Vargas | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | • | | | | |

| | | Docume | nt Page 32 d | of 59 |
|---------------------------------|---|---|---------------------------|--|
| Fill in this i | nformation to identify your | case: | | |
| Debtor 1 | Louis Vargas | | | |
| Dobtor 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Minnie B Vargas | | | |
| (Spouse if, filing | First Name | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | er | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Schedu | | e also liable for any deb | | 12/15 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, |
| ill it out, an | | boxes on the left. Attach | the Additional Page t | to this page. On the top of any Additional Pages, write |
| 1. Do y | ou have any codebtors? (If) | ou are filing a joint case, | do not list either spouse | e as a codebtor. |
| ■ No | | | | |
| □ Yes | | | | |
| Arizona No. 0 | in the last 8 years, have you, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) |
| in line 2 Form 10 out Col | 2 again as a codebtor only it 06D), Schedule E/F (Official umn 2. olumn 1: Your codebtor | that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt |
| Na | ame, Number, Street, City, State and ZII | P Code | | Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | ame | | | Schedule D, line |
| | | | | ☐ Schedule G, line |
| | | | | |
| | umber Street ity | State | ZIP Code | |
| 3.2 | | | | Cabadula D line |
| | ame | | | □ Schedule D, line □ Schedule E/F, line |
| | | | | ☐ Schedule E/F, line |
| | | | | — Scriedule G, lifte |
| | umber Street | 01-1- | 710.0 | |
| Ci | ity | State | ZIP Code | |

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| Fill | in this information to identify your | case. | | | | 1 | | | |
|-------|---|--|-----------------------|---------------------|-----|--|-------------------------|-----------------------------------|----------|
| | otor 1 Louis Varg | | | | | | | | |
| | otor 2 Minnie B Va | argas | | | | | | | |
| Uni | ted States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number nown) | | - | | | Check if this is An amend A supplem 13 income | ed filing ent showir | ng postpetition ollowing date: | |
| 0 | fficial Form 106I | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| atta | use. If you are separated and yo ch a separate sheet to this form. Telescribe Employment Fill in your employment information. | On the top of any additi | | | | d case number (if | known). A | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed | | | ■ Emp | ■ Employed | | |
| | | Occupation | , , | Disability Disabled | | | □ Not employed N/A | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | Retired | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? N/A | | | | N/A | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the cuse unless you are separated. | date you file this form. If | you have nothing to r | eport for | any | line, write \$0 in the | space. In | clude your nor | n-filing |
| If yo | ou or your non-filing spouse have me e space, attach a separate sheet to | nore than one employer, control this form. | ombine the informatio | n for all e | mpl | oyers for that pers | on on the li | ines below. If y | you need |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sale deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add I | ine 2 + line 3. | | 4. | \$ | 0.00 | \$ | 0.00 | |

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| | tor 1 tor 2 | Louis Vargas Minnie B Vargas | _ | | Case | number (if k | nowr | 1) _ | | | | | |
|-----|----------------------------|--|----------|------------|------|--------------|------|------------|-------|----------------------|----------|----------------|--------------|
| | | | | | | For Debtor 1 | | | | Debtor i-filing s | se | | |
| | Cop | by line 4 here | 4. | | \$ | (| 0.0 |) | \$ | | • | .00 | |
| 5. | List | all payroll deductions: | | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | a. | \$ | (| 0.0 | n | \$ | | 0. | .00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$_ | | 0.0 | _ | \$_ | | | .00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c |) . | \$ | | 0.0 | _ | \$ | | | .00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | d. | \$ | | 0.0 | _ | \$ | | | .00 | |
| | 5e. | Insurance | 5e | €. | \$ | | 0.0 | | \$ | | | .00 | |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | 0.0 | 0 | \$ | | 0. | .00 | |
| | 5g. | Union dues | 5g | J. | \$ | | 0.0 | 0 | \$ | | 0. | .00 | |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | | 0.0 | <u>o</u> + | + \$ | | 0. | .00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | (| 0.0 | 0 | \$ | | 0. | .00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | (| 0.0 | 0 | \$ | | 0. | .00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | | | |
| | | monthly net income. | 8a | | \$_ | | 0.00 | _ | \$_ | | | .00 | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8b t |). | \$_ | | 0.00 | <u>)</u> | \$ | | <u> </u> | .00 | |
| | | settlement, and property settlement. | 8c | | \$_ | | 0.0 | _ | \$ | | | .00 | |
| | 8d. | Unemployment compensation | 8d | | \$_ | | 0.0 | _ | \$ | | | .00 | |
| | 8e. | Social Security | 8e | €. | \$_ | | 0.0 |) | \$ | | 0. | .00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security Income | e 8f. | | \$ | 2,30 | 3.00 | 0_ | \$ | | 0. | .00 | |
| | 8g. | Pension or retirement income | 8g | J. | \$ | 1,549 | | | \$ | | 0. | .00 | |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$_ | | 0.0 | <u>)</u> + | ⊦ \$_ | | 0. | .00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 3,85 | 2.84 | 4 | \$ | | | 0.00 | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | Φ | | 3,852.84 | 1.1 | e | | 0.00 | = \$ | | 3,852.84 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 3,032.04 | + | \$_ | | 0.00 | | | 3,032.04 |
| 11. | State Included Other | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r depe | | | | | | | Schedule 11. | | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certallies | | | | | | | | . 12. | \$_ | | 3,852.84 |
| | | | | | | | | | | | | nbine nthly | ed income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | 1? | | | | | | | | | | |
| | | Yes. Explain: | | | | | | | | | | | |

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| | | | | | | ı | | | |
|-------------|----------------------------|---------------------------------------|----------------|---|--|-------------|----------------|-------------|-------------------------------|
| Fill in | this informa | tion to identify yo | our case: | | | | | | |
| Debto | r 1 | Louis Varga | s | | | Ch | eck if this is | .: | |
| Debto | r 2 | Minnia D Va | | | | | An amen | U | wing postpetition chapter |
| | se, if filing) | Minnie B Va | rgas | | | | | | the following date: |
| `` | . 0, | | | | 0.0 | | | | |
| United | l States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD | / YYYY | |
| 1 | number | | | | | | | | |
| (If kno | wn) | | | | | | | | |
| Off | icial Fo | rm 106J | | | | · | | | |
| | | J: Your | Evner | 1808 | | | | | 12/1: |
| | | | | If two married people ar | e filing together. b | oth are ed | ually resp | onsible fo | |
| infor | mation. If m | ore space is ne n). Answer ever | eded, atta | ch another sheet to this | form. On the top of | any addi | tional page | s, write y | our name and case |
| Part 1 | : Descr | ibe Your House | ehold | | | | | | |
| | ls this a joir | | | | | | | | |
| I | ☐ No. Go to | line 2. | | | | | | | |
| I | Yes. Doe | s Debtor 2 live | in a separa | ate household? | | | | | |
| | ■ N | 0 | | | | | | | |
| | □ Y | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of De | ebtor 2. | | |
| 2. I | Do vou have | e dependents? | ■ No | | | | | | |
| | - | • | _ | Fill out this information for | Daman dantia valati | ianahin ta | Damas | - d - m4' - | Dago domandant |
| | Do not list D Debtor 2. | ebior rand | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | age | ndent's | Does dependent live with you? |
| ı | Do not state | the | | | | | | | □ No |
| | dependents | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No □ Yes |
| 3. I | Do your exp | enses include | _ | No | | | | | □ 162 |
| • | expenses o | f people other t | han _ | Yes | | | | | |
| , | yourself and | d your depende | nts? | 103 | | | | | |
| Part 2 | | ate Your Ongoi | | | | | | | |
| expe | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| • | | | _ | | _ | | | | |
| the va | | h assistance an | | government assistance in cluded it on <i>Schedule I:</i> Y | | | | Your exp | enses |
| • | | • | | | | _ | | | |
| | | or home owners and any rent for th | | ses for your residence. In r lot. | nclude first mortgage | e 4. | \$ | | 798.00 |
| ı | If not includ | led in line 4: | | | | | | | |
| 4 | 4a. Real e | estate taxes | | | | 4a. | \$ | | 181.08 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 |
| 4 | | • | | ıpkeep expenses | | 4c. | \$ | | 0.00 |
| | | owner's associat | | | | 4d. | · | | 0.00 |
| 5. 1 | Additional r | nortgage payme | ents for vo | our residence , such as ho | me equity loans | 5. | 8 | | 0.00 |

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| | Ca | se num | ber (if known) | |
|---|--|---|--|--|
| | | | _ | |
| | | _ | • | - |
| | | | · | 375.00 |
| | and add and an and | | * | 80.00 |
| | e, and cable services | | · | 70.00 |
| | | - 60. | * | 75.00 |
| | | | · | 50.00 |
| | | | · | 650.00 |
| | | | · | 0.00 |
| | | _ | · | 65.00 |
| • | | | * | 49.00 |
| • | | 11. | \$ | 187.91 |
| | us or train fare. | 12. | \$ | 225.00 |
| | ers, magazines, and books | | * | 25.00 |
| | _ | | · | 80.00 |
| | utions | 17. | Ψ | 00.00 |
| | pay or included in lines 4 or 20. | | | |
| | , , | 15a. | \$ | 27.85 |
| . Health insurance | | 15b. | \$ | 0.00 |
| . Vehicle insurance | | 15c. | \$ | 194.00 |
| . Other insurance. Specify: | | 15d. | \$ | 0.00 |
| | our pay or included in lines 4 or 20. | - | | |
| ecify: | . , | 16. | \$ | 0.00 |
| | | = | | _ |
| . Car payments for Vehicle 1 | | | · | 0.00 |
| | | | · | 0.00 |
| | | | | 0.00 |
| | | 17d. | \$ | 0.00 |
| | | 10 | ¢ | 0.00 |
| | | 10. | · · | |
| | rs who do not live with you. | 10 | Φ | 0.00 |
| · | in lines 4 or 5 of this form or on Schedul | | our Income | |
| | in lines 4 or 3 or this form or on 3chedur | | | 0.00 |
| | | | · | 0.00 |
| | rance | | · | 0.00 |
| | | | · | 0.00 |
| | | | * | 0.00 |
| | un dues | | · | |
| | | - 21. | · - | 50.00 15.00 |
| ir Care | | - | +4 | 15.00 |
| culate your monthly expenses | | | | |
| . Add lines 4 through 21. | | | \$ | 3,197.84 |
| . Copy line 22 (monthly expenses for Debt | tor 2), if any, from Official Form 106J-2 | | \$ | |
| . Add line 22a and 22b. The result is your | monthly expenses. | | \$ | 3,197.84 |
| | • | | | |
| | | 00 | • | |
| | | | · | 3,852.84 |
| . Copy your monthly expenses from line 2 | 22c above. | 23b. | -\$ | 3,197.84 |
| | | | | |
| Subtract your monthly avanaged from | our monthly income | | | |
| . Subtract your monthly expenses from your monthly not income | our monthly income. | 23c | \$ | 655.00 |
| . Subtract your monthly expenses from your The result is your monthly net income. | our monthly income. | 23c. | \$ | 655.00 |
| The result is your monthly net income. you expect an increase or decrease in yexample, do you expect to finish paying for your | our monthly income. your expenses within the year after you ficar loan within the year or do you expect your mo | ile this | form? | |
| The result is your monthly net income. you expect an increase or decrease in y | your expenses within the year after you fi | ile this | form? | |
| | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite Other. Specify: Cable T.V. Cell Phone od and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses insportation. Include gas, maintenance, b not include car payments. ertainment, clubs, recreation, newspap aritable contributions and religious don urance. In the linsurance In the linsur | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cable T.V. Cell Phone od and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses nsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. Not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance. Vehicle insurance Vehicle insurance. Other insurance. Specify: tes. Do not include taxes deducted from your pay or included in lines 4 or 20. tecify: tallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Ir payments of alimony, maintenance, and support that you did not report as functed from your pay on line 5, Schedule I, Your Income (Official Form 106I). ter payments you make to support others who do not live with you. tecify: Ir payments you make to support others who do not live with you. The property expenses not included in lines 4 or 5 of this form or on Schedula. Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Property, homeowner's association or condominium dues ter: Specify: Auto Maintenance ir Care culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add lines 22a and 22b. The result is your monthly expenses. | Minnie B Vargas ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: Cable T.V. Cell Phone Indicare and children's education costs Athing, laundry, and dry cleaning sonal care products and services Cidical and dental expenses Sonal care products and services Cidical and dental expenses Cidical expe | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cable T.V. Gell Phone Stand housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services Idical and dental expenses snsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books Idical and dental expenses Initial contributions and religious donations urance. Not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Initial i |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--|--|-------------------------------|--|--------------------------------------|
| Debtor 1 | Louis Vargas | | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Minnie B Vargas | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | _ | Check if this is an mended filing |
| ou must file thi | is form whenever you fi | ile bankruptcy schedules n connection with a bank | | information. king a false statement, conc nes up to \$250,000, or impris | |
| Sig | n Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out bank | ruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petiti Declaration, and Signati | |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules filed wi | th this declaration and | |
| X /s/ Lou | uis Vargas | | X /s/ Minnie B Va | argas | |
| Louis | Vargas | | Minnie B Varg | as | |
| Signatu | re of Debtor 1 | | Signature of Deb | tor 2 | |
| Date | February 26 2016 | | Date Februar | v 26 2016 | |

| Fill i | n this infor | mation to identify your | case: | | | |
|---------|--------------------|------------------------------|-------------------------------|--|---|---------------------|
| Debt | tor 1 | Louis Vargas | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debt | | Minnie B Vargas | | | | |
| (Spou | se if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case | e number | | | | | |
| (if kno | | | | | | Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Off | icial Fo | orm 107 | | | | |
| | | | Affairs for Indivi | duals Filing for | Rankruntov | 12/15 |
| | | | | | | |
| | | | | | re equally responsible for su any additional pages, write yo | |
| | | n). Answer every ques | | | my additional pagoo, milo yo | an name and sacc |
| Part | 4 Civo | Details About Vour Ma | rital Status and Where Yo | u Lived Peters | | |
| raii | Give | Details About Your Ma | nital Status and Where To | u Liveu Beiore | | |
| 1. | What is you | ur current marital statu | s? | | | |
| | . | | | | | |
| | ■ Married □ Not ma | | | | | |
| | | arried | | | | |
| 2. | During the | last 3 years, have you | ived anywhere other thar | where you live now? | | |
| | = | | | | | |
| | ■ No □ Yes.Li | ist all of the places you li | und in the leat 2 years. Do | aat iaaluda whara yay liya a | | |
| | L Yes. Li | ist all of the places you if | ved in the last 3 years. Do i | not include where you live n | OW. | |
| | Debtor 1 P | rior Address: | Dates Debtor | 1 Debtor 2 Prior | Address: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| | | | | | unity property state or territo | |
| states | s and territo | ries include Arizona, Cal | ifornia, Idaho, Louisiana, N | evada, New Mexico, Puerto | Rico, Texas, Washington and | Wisconsin.) |
| | ■ No | | | | | |
| | _ | lake sure vou fill out Sch | edule H: Your Codebtors (0 | Official Form 106H) | | |
| | □ 163.10 | lake sure you illi out och | edule 11. Tour Codebiors (C | omciai i omi ioonij. | | |
| Part | 2 Expla | ain the Sources of You | Income | | | |
| | | | | | | |
| | | | | ing a business during this all businesses, including pa | year or the two previous cale | endar years? |
| | | | | ve together, list it only once | | |
| | _ | | | | | |
| | □ No | | | | | |
| | Yes. F | ill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions |
| | | | | exclusions) | | and exclusions) |
| | last calend | | ■ Wages, commissions, | \$0.00 | ☐ Wages, commissions, | \$0.00 |
| (Jan | uary 1 to D | ecember 31, 2015) | bonuses, tips | • | bonuses, tips | • |
| | | | _ | | ☐ Operating a business | |
| | | | ☐ Operating a business | | _ 0po.aig a baooo | |

Official Form 107

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Debtor 1
Debtor 2
Louis Vargas
Minnie B Vargas

Case number (if known)

| | | Debtor 1 | | Debtor 2 | |
|---|---|--|---|---|---|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For the calendar year before that: (January 1 to December 31, 2014) | | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| 2013 Wages | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| 2012 Wages | | ☐ Wages, commissions, bonuses, tips | \$74.64 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| □ No | source and the gross inco | ome from each source separa | tely. Do not include income tl | | |
| | | Debtor 1 Sources of income Describe below | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | y 1 of current year until filed for bankruptcy: | Pensions/Annuities | \$4,028.00 | | |
| | | SSI Benefits | \$4,606.00 | | |
| For last caler (January 1 to | ndar year: December 31, 2015) | SS Income | \$27,636.00 | | |
| | | Pension Income | \$24,327.00 | | |
| | dar year before that: December 31, 2014) | Pensions/Annuities | \$24,181.92 | | |
| | | SSI Benefits | \$28,402.80 | | |
| 2013 | | Pensions and Annuities | \$23,798.88 | | |
| 2013 | | SS Benefits | \$27,994.80 | | |
| Part 3: Lis | t Certain Pavments You | Made Before You Filed for | Bankruptcv | | |
| | • | 's debts primarily consume | | | |
| □ No. | Neither Debtor 1 nor D | | ımer debts. Consumer debts | s are defined in 11 U.S.C. § 10 |)1(8) as "incurred by an |
| | During the 90 days befo | re you filed for bankruptcy, di | d you pay any creditor a tota | of \$6,225* or more? | |
| Official Form 107 | | | airs for Individuals Filing for B | ankruptcv | page |

Page 40 of 59 Document **Louis Vargas** Debtor 1 Minnie B Vargas Debtor 2 Case number (if known) List below each creditor to whom you paid a total of \$6.225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment Total amount Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο ☐ Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment Total amount Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Nature of the case Status of the case Case title Court or agency Case number **Foreclosure** U.S. Bank National Association, **Will County Circuit Court** Pending successor-in-interest to Wachovia 14 W. Jefferson St. □ On appeal Bank, N.A., as Indenture Trustee Joliet, IL 60432 □ Concluded for the registered holders of Aegis **Asset Back Securities Trust** 2004-6. Mortgage Backed Notes. Plantiff -vs- LOUIS VARGAS, MINNIE BERNICE VARGAS; Mortgage Electronic Registration Systems, Inc. as nominee for Capital One Home Loans, LLC; **UNKNOWN OWNERS-TENANTS** and NONRECORDED CLAIMANTS 08 CH 253 08 CH 253

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Desc Main

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| De | otor 2 Minnie B Vargas | Case number | Case number (if known) | | |
|-----|---|---|---|-------------------------|--|
| 10. | Check all that apply and fill in the details below. | cy, was any of your property repossessed, foreclose | ed, garnished, attached | l, seized, or levied? | |
| | ■ No □ Yes. Fill in the information below. | | | | |
| | Creditor Name and Address | Describe the Property | Date | Value of th | |
| | | | | propert | |
| | | Explain what happened | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details. | etcy, did any creditor, including a bank or financial i ause you owed a debt? | nstitution, set off any a | mounts from your | |
| | Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amour | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | cy, was any of your property in the possession of an nother official? | n assignee for the bene | fit of creditors, a | |
| Pai | t 5: List Certain Gifts and Contributions | | | | |
| 13. | ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gifts with a total value of more | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Valu | |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | ■ No | tcy, did you give any gifts or contributions with a to | tal value of more than | \$600 to any charity | |
| | Yes. Fill in the details for each gift or cor Gifts or contributions to charities that tot | | Dates you | Valu | |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | contributed | Valu | |
| Pa | t 6: List Certain Losses | | | | |
| 15. | | cy or since you filed for bankruptcy, did you lose an | ything because of thef | t, fire, other disaste | |
| | or gambling? | | | | |
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | how the loss occurred | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of propert los | |
| Pa | t 7: List Certain Payments or Transfers | sarance dams on the 35 of Schedule Feb. 1 Topony. | | | |
| 16. | consulted about seeking bankruptcy or pro | cy, did you or anyone else acting on your behalf pay paring a bankruptcy petition? parers, or credit counseling agencies for services requires. | , , , | rty to anyone you | |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address | Description and value of any property transferred | Date payment or transfer was made | Amount o | |
| | Person Who Made the Payment, if Not You | | | | |

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Debtor 1 Louis Vargas
Debtor 2 Minnie B Vargas

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|-----|---|---|---|--------------|--|---|
| | Law Office of Patrick A. Meszaros 1100 W. Jefferson Street Joliet, IL 60435 | Filing fee of \$31 | 0.00 | | 2/23/16 | \$310.00 |
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you like | or to make payments | | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any pro | perty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already li | iness or financial affa e as security (such as t | i irs? he granting of a | | | |
| | Yes. Fill in the details. Person Who Received Transfer | Description and v | alue of | Describ | e any property or | Date transfer was |
| | Address | property transferr | | paymen | ts received or debts exchange | made |
| | Person's relationship to you | | | | - | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details. | | y property to a | self-settled | trust or similar device | of which you are a |
| | Name of trust | Description and v | alue of the prop | erty transfe | erred | Date Transfer was made |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | orage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o | • | | | | , , |
| | houses, pension funds, cooperatives, associated No | | | | onares in banks, oreal | t unions, brokerage |
| | Yes. Fill in the details. | | | | | |
| | | ast 4 digits of ccount number | Type of accou instrument | c r | Date account was closed, sold, noved, or ransferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | r before you filed for | bankruptcy, an | y safe depo | sit box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution | Who else had acc | ess to it? | Describe th | e contents | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, S State and ZIP Code) | | | | have it? |

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Debtor 1 Louis Vargas
Debtor 2 Minnie B Vargas

Case number (if known)

| 22 | Have you stored property in a storage unit or pla | ace other than your home within 1 | year before you filed for bankruntcy | |
|-----|---|--|--|-----------------------|
| 22. | | ioc other than your home within t | year before you med for bankruptey | |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for S | Someone Else | | |
| 23. | Do you hold or control any property that someor for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | 10: Give Details About Environmental Informa | tion | | |
| For | ne purpose of Part 10, the following definitions a | apply: | | |
| _ | Environmental law means any federal, state, or lookic substances, wastes, or material into the airegulations controlling the cleanup of these sub | r, land, soil, surface water, ground stances, wastes, or material. | dwater, or other medium, including st | atutes or |
| | Site means any location, facility, or property as one own, operate, or utilize it, including disposal s | • | law, whether you now own, operate, o | or utilize it or used |
| | <i>Hazardous material</i> means anything an environn hazardous material, pollutant, contaminant, or s | | s waste, hazardous substance, toxic s | substance, |
| Rep | rt all notices, releases, and proceedings that yo | u know about, regardless of wher | n they occurred. | |
| | | | • | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? |
| | No | | | |
| | Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any i | • | | |
| | ■ No | | | |
| | ■ NO Yes. Fill in the details. | | | |
| | Name of site | Governmental unit | Environmental law, if you | Date of notice |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | The state of the s | Date of Hotice |
| 26. | Have you been a party in any judicial or adminis | trative proceeding under any envi | ronmental law? Include settlements a | and orders. |
| | No | | | |
| | Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 11: Give Details About Your Business or Conr | • | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in a tr | • | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | ip (LLP) | |
| | - | | | |

Case 16-06440 Doc 1 Filed 02/26/16 Entered 02/26/16 10:56:07 Desc Main Page 44 of 59 Document **Louis Vargas** Debtor 1 Debtor 2 Minnie B Vargas Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Louis Vargas /s/ Minnie B Vargas Louis Vargas Minnie B Vargas Signature of Debtor 1 Signature of Debtor 2 Date February 26, 2016 Date February 26, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Work completed prior to filing.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
 - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
 - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:February 26, 2016 | |
|---|-----------------------------|
| Signed: | |
| /s/ Louis Vargas | /s/ Patrick A. Meszaros |
| Louis Vargas | Patrick A. Meszaros 6239538 |
| | Attorney for the Debtor(s) |
| /s/ Minnie B Vargas | • |
| Minnie B Vargas | |
| Debtor(s) | |
| Do not sign this agreement if the amou | unts are blank |
| Do not sign time agreement it the annot | Local Bankruptcy Form 23c |

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Louis Vargas Minnie B Vargas | | Case No. | |
|----------|---|---|--|-------------------------------------|
| | - Milline D Valgas | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMP | ENSATION OF ATTOR | NEY FOR DE | EBTOR(S) |
| co | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the five rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, o | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 |
| | Prior to the filing of this statement I have receive | | | 0.00 |
| | Balance Due | | | 4,000.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. ■ | I have not agreed to share the above-disclosed con | npensation with any other person u | nless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the r | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to | render legal service for all aspects | of the bankruptcy c | ase, including: |
| b. c. | Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on head | atement of affairs and plan which iters and confirmation hearing, and reduce to market value; exertions as needed; preparation a | may be required; I any adjourned hea mption planning; | rings thereof; |
| 6. B | by agreement with the debtor(s), the above-disclosed Adversary proceedings. | fee does not include the following | service: | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement for p | payment to me for r | epresentation of the debtor(s) in |
| Fe | ebruary 26, 2016 | /s/ Patrick A. Mesz | aros | |
| Da | - | Patrick A. Meszard Signature of Attorney Law Office of Patr 1100 W. Jefferson Joliet, IL 60435 815-722-4001 Fax PatrickMeszaros © | os 6239538 ick A. Meszaros Street :: 815-722-4007 | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Louis Vargas Minnie B Vargas | | Case No. | |
|-------|--|---|------------------|---------------------------|
| | | Debtor(s) | Chapter | 13 |
| | VER | RIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 37 |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credit | tors is true and | correct to the best of my |
| Date: | February 26, 2016 | /s/ Louis Vargas Louis Vargas Signature of Debtor | | |
| Date: | February 26, 2016 | /s/ Minnie B Vargas Minnie B Vargas Signature of Debtor | | |

500 Fast Cash 515 G.S.E Miami, OK 74354

A+ Dental P.C. Vincenzo Nicastro, DDS 20500 S. Lagrange Rd. Frankfort, IL 60423

Afni, Inc. 404 Brock Dr. P.O. Box 3517 Bloomington, IL 61702-3517

Barclays Bank Delaware 125 S West St Wilmington, DE 19801

Best Choice 123.com 621 Medicine Way Ste 6 Ukiah, CA 95482

Capital Management Services, LP 698 1/2 S Ogden Street Buffalo, NY 14210

Capital One Bank
P.O. Box 60024
City Of Industry, CA 91716-0024

Ccs/Bryant State Bank 500 E 60th St N Sioux Falls, SD 57104

Ccs/Cortrust Bank 500 E 60th St N Sioux Falls, SD 57104

Chase Po Box 523 Madison, MS 39130

Citimortgage, Inc. PO Box 688971 Des Moines, IA 50368 Complete Credit Soluti 2921 Brown Trl Bedford, TX 76021

Compucredit Corp/Salut Po Box 105555 Atlanta, GA 30348

Credit One Bank PO Box 60500 City Of Industry, CA 91716-0500

Extra Funds Cash Loans PO Box 528 Hays, MT 59527

First Premier Bank PO Box 5529 Sioux Falls, SD 57117-5529

Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Multiloan Source.com 2500 Wilcrest Ste 201 Houston, TX 77042

National Asset Recovery 2880 Dresden Dr. Suite 200 Atlanta, GA 30341

Noonan & Lieberman 105 W. Adams St. Ste. 300 Chicago, IL 60603

Northland Group 7831 Glenroy Rd. #350 Minneapolis, MN 55439

Northland Group P.O. Box 390846 Minneapolis, MN 55439 Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008

Ocwen Federal Bank FSB P.O. Box 785058 Orlando, FL 32878

Ocwen Loan Servicing LLC P.O. Box 24781 West Palm Beach, FL 33416-4781

Orchard Bank Household Credit Servies P.O. Box 17051 Baltimore, MD 21297

Penn Credit 916 S 14th Street PO Box 988 Harrisburg, PA 17108-0988

Plains Commerce Bank 5109 S Broadband Ln Sioux Falls, SD 57108

Portfolio Recovery PO Box 12914 Norfolk, VA 23541

Portfolio Recvry&Affil 120 Corporate Blvd Ste 1 Norfolk, VA 23502

QVC Shopping Network 1200 Wilson Drive West Chester, PA 19380

Spot On Loans PO Box 6243 Logan, UT 84341

Springleaf Financial Services 1701 N Larkin Avenue Crest Hill, IL 60403-1883 Stoneberry P.O. Box 2820 Monroe, WI 53566-8020

Swiss Colony 1112 7th Ave Monroe, WI 53566

United Recovery Systems 5800 North Course Drive Houston, TX 77072

USA Web PO Box 455 Fort Mill, SC 29715